



REDACTED – FOR PUBLIC INSPECTION

DOCKET FILE COPY ORIGINAL

Received & Inspected

JUL 07 2014

FCC Mail Room

June 30, 2014

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Clarence Telephone Company
Study Area Code 351130

Dear Secretary:

On behalf of Clarence Telephone Company ("Clarence"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Clarence seeks confidential treatment under the FCC's Protective Order for the information filed pursuant to Section 54.313(f)(2) of the Commission's regulations¹. Clarence also seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1). The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Telco Consultant
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Mr. Curtis Eldred, Manager, Clarence Telephone Company
Mr. Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd _____
List ABCDE

¹ *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order).

| | |
|--|--|
| REDACTED - FOR PUBLIC INSPECTION FCC Form 481 - Carrier Annual Reporting Data Collection Form | FCC Form 481 OMB Control No. 3040-0088/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|--------------------|---|--------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Curtis Eldred |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | cpeldre@netins.net |

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JUL 07 2014

FCC Mail Room

| ANNUAL REPORTING FOR ALL CARRIERS | | | 54.313 Completion Required | 54.422 Completion Required |
|---|--|---|-------------------------------------|-------------------------------------|
| (check box when complete) | | | | |
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> | Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> | <input checked="" type="checkbox"/> -- check box if no outages to report Unfulfilled Service Requests (voice) | 0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> | Detail on Attempts (voice) | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> | Unfulfilled Service Requests (broadband) | 0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> | Detail on Attempts (broadband) | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> | Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> | Fixed | 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> | Mobile | 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> | Number of Complaints per 1,000 customers (broadband) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> | Fixed | 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> | Mobile | 0.0 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> | 351130ia510.pdf <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attached descriptive document) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> | Functionality in Emergency Situations | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> | 351130ia610.pdf <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attached descriptive document) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> | Company Price Offerings (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> | Company Price Offerings (broadband) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> | Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> | Tribal Land Offerings (Y/N)? | (if yes, complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> | Voice Services Rate Comparability | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> | 351130ia1010.pdf <div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> | Terrestrial Backhaul (Y/N)? | (if not, check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110> | | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> | Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | | | |
| <2000> | | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005> | | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet | | | | |
| <3000> | | (check to indicate certification) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |

| | | | |
|-------|---|-------------|--|
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) | <input type="radio"/> <input checked="" type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) | <input type="radio"/> <input type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

351130ia100.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

| | | |
|-------|---|--------------------------|
| <113> | Maps detailing progress towards meeting plan targets | <input type="checkbox"/> |
| <114> | Report how much universal service (USF) support was received | <input type="checkbox"/> |
| <115> | How (USF) was used to improve service quality | <input type="checkbox"/> |
| <116> | How (USF) was used to improve service coverage | <input type="checkbox"/> |
| <117> | How (USF) was used to improve service capacity | <input type="checkbox"/> |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | <input type="checkbox"/> |

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | |

~~See attached worksheet~~

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 351130

| | | |
|-------|-----------------|-----------------|
| <015> | Study Area Name | CLARENCE TEL CO |
|-------|-----------------|-----------------|

| | | |
|-------|--------------|------|
| <020> | Program Year | 2015 |
|-------|--------------|------|

| | | |
|-------|---|---------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
|-------|---|---------------|

| | | |
|-------|---|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
|-------|---|-----------------|

| | | |
|-------|---|--------------------|
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |
|-------|---|--------------------|

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |
| <810> | Reporting Carrier | Clarence Telephone Company, Inc. |
| <811> | Holding Company | N/A |
| <812> | Operating Company | N/A |

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes,No, NA) |
|---------------------------|
| |
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**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2013 |
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |

3511301a1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|--------------------|---|--------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

| | | |
|---------------------|--|--------------------------|
| <2010> | 2nd Year Certification (47 CFR § 54.313(b)(1)) | <input type="checkbox"/> |
| <2011> | 3rd Year Certification (47 CFR § 54.313(b)(2)) | <input type="checkbox"/> |

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

| | | |
|---------------------|--|--------------------------|
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

| | | |
|---------------------|---|--------------------------|
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
|---------------------|---|--------------------------|

Connect America Phase II Reporting (47 CFR § 54.313(e))

| | | |
|---------------------|---|--------------------------|
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |

| | | |
|---------------------|--|--|
| <2021> | Interim Progress Community Anchor Institutions | |
|---------------------|--|--|

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 351130
<015> Study Area Name CLARENCE TEL CO
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Curtis Eldred
<035> Contact Telephone Number - Number of person identified in data line <030> 5634523852 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> cpeldre@netins.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☐ ☐
(Yes/No) ☐ ☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

3511301a3026.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|--------------------|
| <010> Study Area Code | 351130 |
| <015> Study Area Name | CLARENCE TEL CO |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--------------------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|--------------------|
| <010> Study Area Code | 351130 |
| <015> Study Area Name | CLARENCE TEL CO |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|---|--|
| I certify that (Name of Agent) <u>Curtis Eldred</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. | |
| Name of Authorized Agent: | Curtis Eldred |
| Name of Reporting Carrier: | CLARENCE TEL CO |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date: 07/01/2014 |
| Printed name of Authorized Officer: | Curtis Eldred |
| Title or position of Authorized Officer: | Manager |
| Telephone number of Authorized Officer: | 5634523852 ext. |
| Study Area Code of Reporting Carrier: | 351130 Filing Due Date for this form: 07/01/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | CLARENCE TEL CO |
| Name of Authorized Agent or Employee of Agent: | Leah Richter |
| Signature of Authorized Agent or Employee of Agent: | CERTIFIED ONLINE Date: 07/01/2014 |
| Printed name of Authorized Agent or Employee of Agent: | Leah Richter |
| Title or position of Authorized Agent or Employee of Agent: | Telco Consultant |
| Telephone number of Authorized Agent or Employee of Agent: | 6059951793 ext. |
| Study Area Code of Reporting Carrier: | 351130 Filing Due Date for this form: 07/01/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 351130

| | | |
|-------|-----------------|-----------------|
| <015> | Study Area Name | CLARENCE TEL CO |
|-------|-----------------|-----------------|

| | | |
|-------|--------------|------|
| <020> | Program Year | 2015 |
|-------|--------------|------|

| | | |
|-------|---|---------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
|-------|---|---------------|

| | | |
|-------|---|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
|-------|---|-----------------|

| | | |
|-------|---|--------------------|
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |
|-------|---|--------------------|

| | |
|---|----------|
| <701> Residential Local Service Charge Effective Date | 1/1/2014 |
|---|----------|

<702> Single State-wide Residential Local Service Charge

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |

[illegible]

REDACTED - FOR PUBLIC INSPECTION

| | |
|---|--|
| (800) Operating Companies Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|----------------------------------|
| <010> | Study Area Code | 351130 |
| <015> | Study Area Name | CLARENCE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Curtis Eldred |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 5634523852 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cpeldre@netins.net |
| <810> | Reporting Carrier | Clarence Telephone Company, Inc. |
| <811> | Holding Company | N/A |
| <812> | Operating Company | N/A |

[illegible]

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CLARENCE TELEPHONE COMPANY (SAC 351130)

ATTACHMENT LINE 100

ATTACHMENT REDACTED IN ENTIRETY

CERTIFICATION OF CLARENCE TELEPHONE COMPANY, INC.**Reporting Period January 1 – December 31, 2013****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules.

Carrier completes installation requests and responds to service orders from existing and new locations within 2 business days of the request. Carrier provides bill notification 30 days in advance of any customer rate changes. Carrier provides notice to customers of their billing practices through their terms and conditions located on their Carrier's website and in their retail office. An annual Lifeline Notice is also printed in the local newspaper annually. Carrier's procedures for receiving emergency calls during non-business hours include having a technician on call 24 hours a day, 7 days a week. Any after hour calls are directed to a voicemail which is sent via wave file to the technician on call. The technician then responds to all service related calls.

Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached is an annual notice to customers on matters related to customer privacy. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 26, 2014.

/s/Curtis Eldred

Curtis Eldred, Manager, Clarence Telephone Company, Inc.

SAC: 351130

CERTIFICATION OF CLARENCE TELEPHONE COMPANY, INC.**Reporting Period January 1 – December 31, 2013****Sec. 54.313(a)(6) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery (or equivalent power) reserve in its central office, which enables it to maintain a minimum of two hours of backup power to ensure functionality without an external power source if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-routing traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 26, 2014.

/s/Curtis Eldred

Curtis Eldred, Manager, Clarence Telephone Company, Inc.

SAC: 351130

CERTIFICATION OF CLARENCE TELEPHONE COMPANY, INC.**Reporting Period January 1 – December 31, 2013****47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$20.46. This was also published in the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and Released June 10, 2014. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2014 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 26, 2014.

/s/Curtis Eldred

Curtis Eldred, Manager, Clarence Telephone Company, Inc.

SAC: 351130

(1200) Terms and Conditions for Lifeline Program Consumers

Study Area Code: 351130

Study Area Name: Clarence Telephone Company, Inc.

Clarence Telephone Company, Inc. publishes Lifeline Information on their website, in their phone directory, advertises in the local newspapers and also publishes information within their yearly newsletter.

Clarence Telephone Company, Inc.'s Rates and Pricing <http://www.clarencetelinc.com/#>

Low-Income Telephone Assistance Program

Lifeline

Lifeline is a plan that assists qualified low-income lowans by providing a monthly reduction of \$9.25 on their local telephone bill.

You may only receive low-income assistance from one wireline or wireless telephone provider per household.*

***NOTE:**

A "Household" is defined as any individual or group of individuals who are living together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household.

Eligibility Requirements

To be eligible for Lifeline assistance, you must meet income-based criterion currently defined as at or below 135 % of the Federal Poverty Guidelines (see table inside) OR participate in at least one of the following programs:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance
- Low-Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance to Needy Families Program (TANF)
- National School Lunch Program (NSL)

In addition, you must not currently be receiving Lifeline assistance, and no other person in your household can be subscribed to the Lifeline program.

To Apply for Lifeline:

1. Complete the certification form attached to this brochure, (please include any supporting documents) and submit it to your local telecommunications provider's business office. This address can be found in your local telephone directory.
2. Apply when becoming certified for LIHEAP Assistance.
3. Re-certification forms are mailed to all subscribers every year. When you receive a re-certification form, complete and return it to your local telecommunications provider within 30 days. Your telecommunications provider will suspend your eligibility for low-income assistance if you do not return the re-certification form.

Federal Government Lifeline Program for Low-Income Telephone Assistance

Revised: June 2012



Courtesy of:
Iowa Telecommunications Association,
Iowa Utilities Board,
Rural Iowa Independent Telephone
Association, and
your Local Telephone Company
Company Name _____

135 percent of federal poverty guidelines (As of May 2012)

| Number of people Living in Home | Household Income (at or below) |
|---------------------------------|--------------------------------|
| 1 | \$15,080 |
| 2 | \$20,426 |
| 3 | \$25,772 |
| 4 | \$31,118 |
| 5 | \$36,464 |
| 6 | \$41,810 |
| 7 | \$47,156 |
| 8 | \$52,502 |
| * For each additional Person | Add \$5,346 |

Application Checklist

Please provide the following information:

1. A signed and completed Lifeline assistance certification form.
2. A copy of one of the following if applying based on the size and income level of a customer's household:

- Last year's federal or state income tax return
- Current annual income statement from employer
- Paycheck stubs for most recent three consecutive months
- Social Security statement of benefits
- Veteran's Administration statement of benefits
- Retirement or pension statement of benefits
- Unemployment or worker's compensation statement of benefits
- Letter of participation in general assistance
- Divorce decree or child support documentation

3. Supporting documentation of program-based eligibility if applying based on participation in any programs listed on the back of this brochure, if requested by your telecommunications provider.

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program.

These documents will not be kept or stored by the local telecommunications provider.

For questions, please call your local telecommunications provider.

